



**House Appropriations Committee
on Health and Human Services
May 4, 2016**

**Department of Health and Human Services
Office of Minority Health and Health Disparities
Continuation Review**



Continuation Review Program

- **Session Law 2015-241** requires state departments and agencies identified for Continuation Review Program to report findings to Fiscal Research Division by April 1, 2016
- **Department of Health and Human Services (DHHS) Office of Minority Health and Health Disparities (OMHHD)** was identified for the Continuation Review Program



Office of Minority Health and Health Disparities

Background

- Resides in DHHS Division of Public Health
- Established by North Carolina General Assembly in 1992 by Session Law 1991-900
- Law also established Minority Health Advisory Council (MHAC) to advise Governor and DHHS Secretary on health issues impacting minority communities



Office of Minority Health and Health Disparities

Purpose and programs

- OMHHD serves as a hub to integrate health equity principles and to promote cultural competence across all Division of Public Health and Local Health Department (LHD) programs and services
- OMHHD programs include:
 - Culturally and Linguistically Appropriate Services (CLAS) training (formerly Interpreter Services Program)
 - Community Focused Eliminating Health Disparities Initiative (CFEHD)



Practices and programs

2014 national survey of state Offices of Minority Health

- Nationwide, states Offices of Minority Health do not generally serve as grant making entities like NC OMHHD
- State Offices of Minority Health are not formally ranked, as many are at different stages of development
- However, Oregon, Colorado, Washington, Massachusetts and Texas are seen as model programs



Practices and programs

2014 national survey of states' Offices of Minority Health

Common Themes/Best Practices

Use data-driven strategies

Work with other systems (ex: education, juvenile justice, criminal justice, child welfare and public health)

Develop policies that address social determinants of health, interrelation of systems and ultimate impact of systems on health

Less focus on grant making (program development and implementation)

More emphasis on advancing health equity and systems transformation

NC's OMHHD Outliers

Two initiatives in NC OMHHD do not seem consistent with current national practice and standards:

- Former Interpreters Services Program
- Community Focused Eliminating Health Disparities Initiative (CFEHDi)



Former Interpreter Services Program

- **2005: \$250,000 (R) to fund pilot program for Interpreters Services Program grants**
 - Create new positions for Interpreter Services at LHDs
 - Enhance LHD capacity to serve Limited English Proficiency clients
- **Funding history**
 - SFY 2005 through 2010: Grants awarded; \$250,000 in funding
 - SFY 2011 through 2014: Funding reduced to \$239,000
 - Post SFY 2014: Interpreters grants not awarded



Former Interpreter Services Program

- Up to SFY 2014, only 10 LHDs were funded at \$20,900 each (Cabarrus, Henderson, Chatham, Jones, Dare, New Hanover, Duplin, Orange, Halifax and Robeson counties)
- LHDs were expected to match \$20,900 with sufficient local funds to hire one interpreter into full-time position (salaries and benefits)
- Some LHDs had difficulty sustaining this effort; converted to hiring bilingual staff and use of language lines
- Narrow reach and scope; not scalable statewide



Former Interpreter Services Program

The Problem (Interpreter Services Program)

Limited reach and scope (10 LHDs)

Not scalable

The Solution (CLAS) – Improves services and reduces duplication

For SFY 2015-2016 – DHHS combined the Culturally and Linguistically Appropriate Services (CLAS) with former Interpreter Services program

CLAS will be expanded by implementing program in approximately 15 LHDs per year

CLAS is scalable – will spread this best practice to all 85 LHDs over approximate 5-year timeframe (versus solely funding 10 LHDs per year)

Serves more than just LHDs



Culturally and Linguistically Appropriate Services

- **Goal = Reduce cultural and linguistic barriers to care**
- **Provides training, skills and resources needed to address changing demographics and health care needs of North Carolinians**
- **Targeted not only to LHDs, but also to health centers, NC Division of Public Health staff, tribal governments, community-based and faith-based organizations, and community members**



Culturally and Linguistically Appropriate Services

- **Trainings (in-person and webinars)**
- **Workshops**
- **Educational and informational materials**

Culturally and Linguistically Appropriate Services

- **Focuses on cultural competence, National Culturally and Linguistically Appropriate Services (CLAS) Standards, health literacy, health equity and best practices**
- **Evidence-based program**
- **Adoption of CLAS by North Carolina LHDs aligns with state and national public health accreditation standards**
- **Broad reach and scope; scalable to statewide implementation**



CLAS program activities

June 2015 – April 2016

Technical Assistance & Outreach June 2015– April 2016		
ACTIVITY	# OF ACTIVITIES	# OF PARTICIPANTS
Webinars	2	75
Outreach & Technical Assistance	62	150
Workshop Facilitation	8	219
Community Presentations (Including Lunch & Learns)	8	472
Scheduled Workshops	3	TBA



June 2015 - present



Community Focused Eliminating Health Disparities Initiative (CFEHDI)

- Legislatively mandated initiative
- Strengthen and improve health of North Carolina's major racial/ethnic groups
 - African Americans
 - Hispanics/Latinos
 - American Indians
- Provide grants to 12 organizations in 3 distinct geographic regions through a Request for Applications process



12 CFEHDI grantees

AccessCare

**Appalachian Regional Healthcare
System**

**Buncombe County Health and Human
Services**

Columbus County Health Department

**Community Health Interventions and
Sickle Cell Agency, Inc.**

Lumbee Nation Tribal Programs, Inc.

**Opportunities Industrialization Center,
Inc.**

RAIN, Inc.

Scotland Community Health Clinic

**Wake County Medical Society
Community Health Foundation**

Wayne County Health Department

**Western North Carolina AIDS Project,
Inc.**



CFEHDI services and focus areas

- Grantees provide services such as screenings, education, evidence-based programming and community outreach
- 8 disease focus areas
 - Diabetes
 - Heart disease
 - Stroke
 - Obesity
 - Infant mortality
 - Low birth-weight
 - Cancer
 - HIV/AIDS/STDS



NC CFEHDI compared to OMH in other states

- **An Office of Minority Health serving as a grant maker is unique in North Carolina; is not necessarily seen nationwide as best practice**
- **Although CFEHDI grantees are meeting contract requirements:**
 - **Providing grants to a limited set of recipients statewide provides little penetration in a state of approximately 10 million people**
 - **CFEHDI is not scalable statewide**
 - **OMHHD does not have staff who are subject matter experts in the diseases and health conditions being addressed by CFEHDI**



CFEHDI solution

Repurpose funding to improve services and reduce duplication

CFEHDI in OMHHD

Limited reach and scope
(12 organizations statewide)

Not scalable

Not currently supported by OMHHD
subject matter experts in the diseases
and health conditions being addressed

The Solution

**Repurpose CFEHDI funds to 3 existing
DHHS Open Window services**

Enhance (not duplicate) existing
statewide efforts to address:

- African-American HIV/STD, infant mortality (death), heart disease, stroke and diabetes incidence
- American Indian infant mortality, heart disease and diabetes incidence

Expand CLAS statewide, to include
state and local government agencies

Better support Minority Health Advisory
Council (MHAC)

CFEHDI solution

Repurpose funding to improve services and reduce duplication

- **DHHS recommends repurposing funds from CFEHDI to more effectively and efficiently address health disparities in our state**
- **Since health disparities remain significant in our state, level funding for efforts in addressing minority health issues is recommended**



CFEHDI solution

Repurpose CFEHDI funding to improve services and reduce duplication

- **DHHS recommends elimination of CFEHDI grants and repurposing of \$2,547,355 in current CFEHDI funds to enhance and expand, not duplicate, 3 existing DHHS Open Window Services:**
 - HIV/Sexually Transmitted Diseases (STD) Prevention Activities
 - Community Focused Infant Mortality
 - Heart Disease and Stroke Prevention (addresses diabetes)
- **Funding will leverage existing resources in these 3 Open Window Services and would be directed to non-governmental agencies**



Disease states or conditions

Burden is high in NC minority populations

- **HIV/Sexually Transmitted Diseases (STDs)**
 - African American men make up only 10% of men in North Carolina, but 80% of young men newly diagnosed with HIV are African-American
- **Infant Mortality (deaths)**
 - African American and American Indian infant death rates are at least 2 times higher than the white rate
 - Disparity is growing: North Carolina's 2013 disparity is greater than the 1994 disparity in infant deaths



Disease states or conditions

Burden is high in NC minority populations

Heart Disease, Stroke and Diabetes

- **Heart disease:** African American and American Indian death rates are approximately 1.2 times higher than white rate
- **Stroke:** African American death rate is approximately 1.4 times higher than white rate
- **Diabetes:** African American death rate is approximately 2.4 times higher than white rate, and American Indian death rate is approximately 2.6 times higher than white rate



CFEHDI solution

Repurpose funding to improve services and reduce duplication

- **Such a repurposing of CFEHDI funds would enhance subject matter expertise that already exists in these 3 DHHS Open Window services (but does not currently exist in OMHHD for diseases and conditions being addressed by CFEHDI)**
- **Repurposing funds also would allow for enhanced monitoring capability of funds utilization through existing monitoring efforts in these 3 Open Window services**



CFEHDI solution

Repurpose funding to improve services and reduce duplication

- **DHHS recommends repurposing of the remaining \$50,000 in current CFEHDI funds to provide OMHHD operating funds for travel, supplies, and workshop and conference expenses to:**
 - Deliver statewide health equity and Culturally and Linguistically Appropriate Services (CLAS) training, including expanding to state and local government agencies
 - Ensure appropriate monitoring of the CLAS initiative
 - Provide operating support to the Minority Health Advisory Council (MHAC), which had not convened for several years until calendar year 2015



OMHHD staffing

Existing OMHHD 4 FTEs will:

- Expand CLAS training statewide, beyond all 85 LHDs, and include state and local government agencies
- Expand community-based and faith-based initiatives to execute health equity strategies
- Expand efforts in collaborating with sexual health and violence initiatives

OMHHD staffing

Existing OMHHD 4 FTEs will:

- **Work with all Division of Public Health sections to adopt and implement health equity strategies in DPH programs, procedures and policies**
- **Spread model to other DHHS divisions to adopt and implement health equity strategies in programs, procedures and policies**
- **Promote health equality in education and juvenile justice sectors**

Questions?